



**Immediately notify
DOH Communicable
Disease Epidemiology
Phone: 877-539-4344**

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Botulism, foodborne

County _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ **Swallowing or speech difficulty**
☐ ☐ ☐ ☐ **Eyelids drooping (ptosis)**
☐ ☐ ☐ ☐ **Vision blurred or double**
☐ ☐ ☐ ☐ Breathing difficulty or shortness of breath
☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ Constipation

Predisposing Conditions

Y N DK NA

- ☐ ☐ ☐ ☐ Preexisting injury, wound, or break in skin
☐ ☐ ☐ ☐ Gastric surgery or gastrectomy in past

Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ **Cranial nerve abnormalities (bulbar weakness)**
☐ ☐ ☐ ☐ **Respiratory distress**
☐ ☐ ☐ ☐ **Paralysis or weakness**
☐ ☐ ☐ ☐ Acute flaccid paralysis ☐ Asymmetric
☐ ☐ ☐ ☐ Symmetric ☐ Ascending ☐ Descending
☐ ☐ ☐ ☐ Abscess or infected lesion
☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization
☐ ☐ ☐ ☐ Admitted to intensive care unit

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy

Laboratory

Collection date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ **Botulinum toxin detection (serum, stool, gastric aspirate or food)**
☐ Serum ☐ Stool
☐ Gastric aspirate ☐ Food
☐ ☐ ☐ ☐ **C. botulinum isolation (stool or gastric aspirates)**
☐ ☐ ☐ ☐ Food specimen submitted for testing

Toxin type: ☐ A ☐ B ☐ C ☐ D ☐ E
☐ F ☐ G ☐ Unknown

NOTES

INFECTION TIMELINE

Enter onset date/time
(first sx) in heavy box.
Count backward to
determine probable
exposure period

Hours from
onset:

Exposure period

- 168 -12

o
n
s
e
t

Calendar date/time:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Does the case know anyone else with similar symptoms or illness
☐ ☐ ☐ ☐ Contact with lab confirmed case
Nature of contact:
☐ Household ☐ Sexual ☐ Needle use
☐ Other: _____
☐ ☐ ☐ ☐ **Epidemiologic link (e.g. ingestion of a home-canned food within the previous 48 hours)**
Home canned food
☐ ☐ ☐ ☐ Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)
☐ ☐ ☐ ☐ Preserved, smoked, or traditionally prepared fish
☐ ☐ ☐ ☐ Vacuum packed (modified atmosphere packaging) foods
☐ ☐ ☐ ☐ Foods stored in oil (e.g. garlic, sun dried tomatoes)

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Y N DK NA

- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/Location: _____

Y N DK NA

☐ ☐ ☐ ☐ **Suspected exposure to botulism contaminated food**

- ☐ ☐ ☐ ☐ Known contaminated food product
☐ Asparagus ☐ Karo syrup ☐ Salsa
☐ Beans ☐ Mushrooms ☐ Spinach
☐ Beets ☐ Peas ☐ Swiss Chard
☐ Corn ☐ Peppers ☐ Tomatoes
☐ Honey ☐ Potatoes ☐ Unknown
☐ Other: _____

Food processing method:

- ☐ Home canned ☐ Commercially canned
☐ Fermented ☐ Boiled
☐ Unknown ☐ Other: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Non-injection street drug use
☐ ☐ ☐ ☐ Injection street drug use
Injection street drug use type: _____

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS AND TREATMENT

Botulism antitoxin given ☐Y ☐N ☐DK ☐NA Date/time given: ____/____/____ AM / PM

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Initiate traceback investigation
☐ Referral to physician
☐ Follow-up of others who ate suspect food
☐ Referral of suspect food to regulatory agency
☐ Restaurant inspection
☐ Education on proper canning technique provided
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____